

Name
in
Full

Era S. Brooks

CERTIFICATE OF DEATH

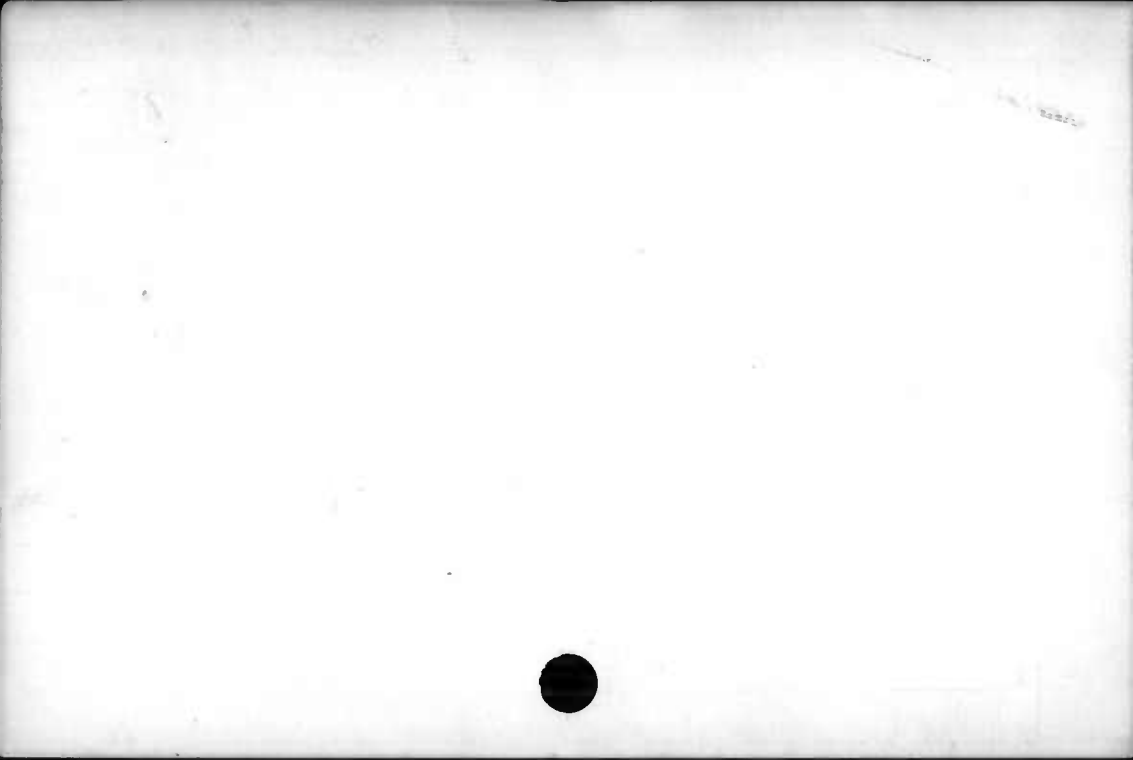
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <u>St. Michael</u> ^{County} <u>Talbot</u>		MARYLAND	
Date of death	1903	Month	Sept
		Day	7
		Age	17
		Years	
		Months	31
		Days	
Sex	<u>Female</u>		Color or Race <u>Colored</u>
Occupation	<u>girl</u>		Birth-place <u>St. Michael</u>
Where Residing if not at place of death			
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband
Father's Name	<u>Horace Brooks</u>		Father's Birthplace <u>Maryland</u>
Mother's Maiden Name	<u>Frances Jones</u>		Mother's Birthplace <u>Maryland</u>
Name of person giving Information	<u>Horace Brooks</u>		How related to deceased <u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Consumption</u>	How long	<u>about 4 years</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Ab. J. B. Smith</u>
		Address	<u>St. Michael, Maryland</u>
Accident or Suicide?	<u>No</u>		



Name
in
Full

Rosie V. Hovons

CERTIFICATE OF DEATH

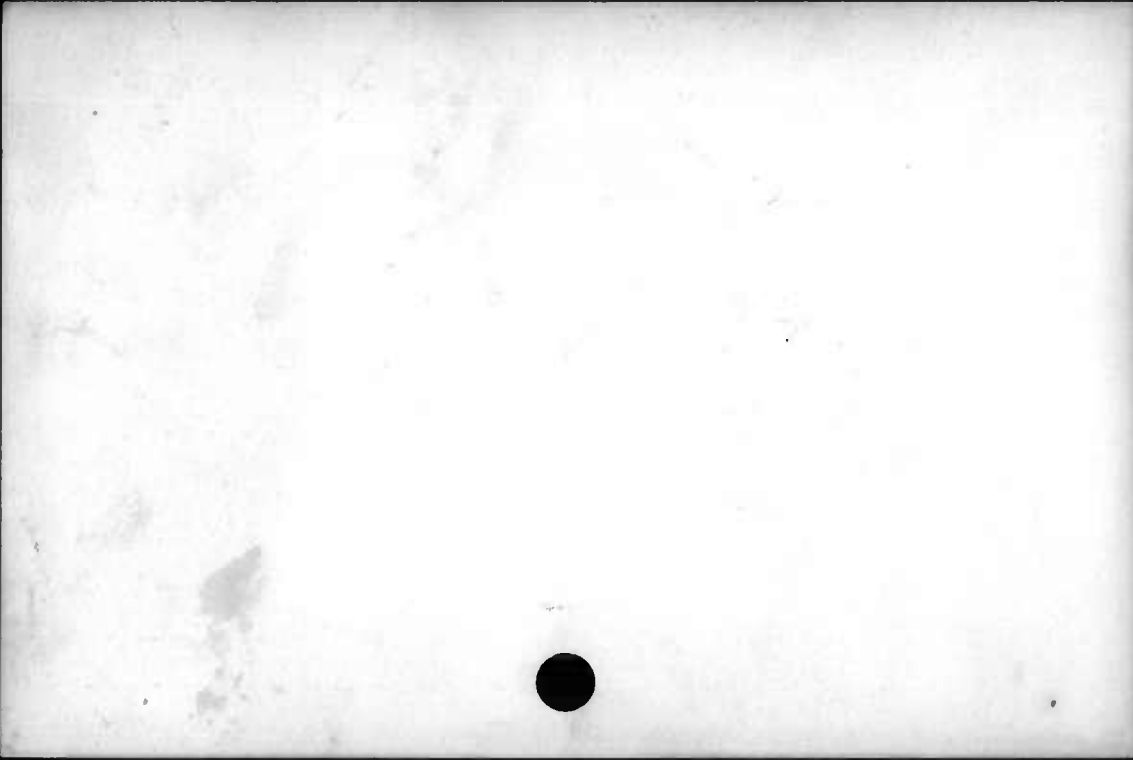
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Michaels</i> ^{Town}		<i>Fulton</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Sept</i>	Day <i>27</i>	Age <i>35</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Michamurville Md</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>Geo B. Hovons</i>					
Father's Name <i>Phillip Southern</i>			Father's Birthplace <i>Michamurville Md</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Geo B Hovons</i>			How related to deceased <i>husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>about one ymo</i>
Immediate <i>E. heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. H. Davis</i>
	Address <i>St Michaels Md</i>
Accident or Suicide? <i>—</i>	



Second Virginia Price Ewing

Town

County

MARYLAND

Died at

Trape

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

3

Sept. 22

Age

—

3-

16

md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Robert Ewing

Mother's
Maiden Name

Lulu Spencer

Cause of

Primary

Simple Atrophy

How long sick

2 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Wm S. Seymour

Address

Trape

md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Chris. Howard Gates

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Euston</u> Town		<u>Tulth</u> County		MARYLAND	
Date of death	1903	Month	Sept	Day	27
Sex		Male		Color or Race	Black
Occupation				Birth-place	Euston, Md
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		John Gates		Father's Birthplace	Md
Mother's Maiden Name		Mary Murray		Mother's Birthplace	Md
Name of person giving Information		Mary Murray		How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Enteritis</u>	How long	<u>1 week</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		<u>Euston</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Oxford

Town

County

Talbot

MARYLAND

Date

of death 190

3

Month

Sept

Day

28

Years

Age 73

Months

Days

Sex

Male

Color or
Race

Black

Birth-
placeLusitana Co
MdMarried, Single
or Widowed

Married

Occupation

Laborer

Name of Wife or
Husband

Amanda Gibson

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

George Gibson

How related
to deceased

Son

CAUSES OF DEATH

Primary

Phthisis

How long

One year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

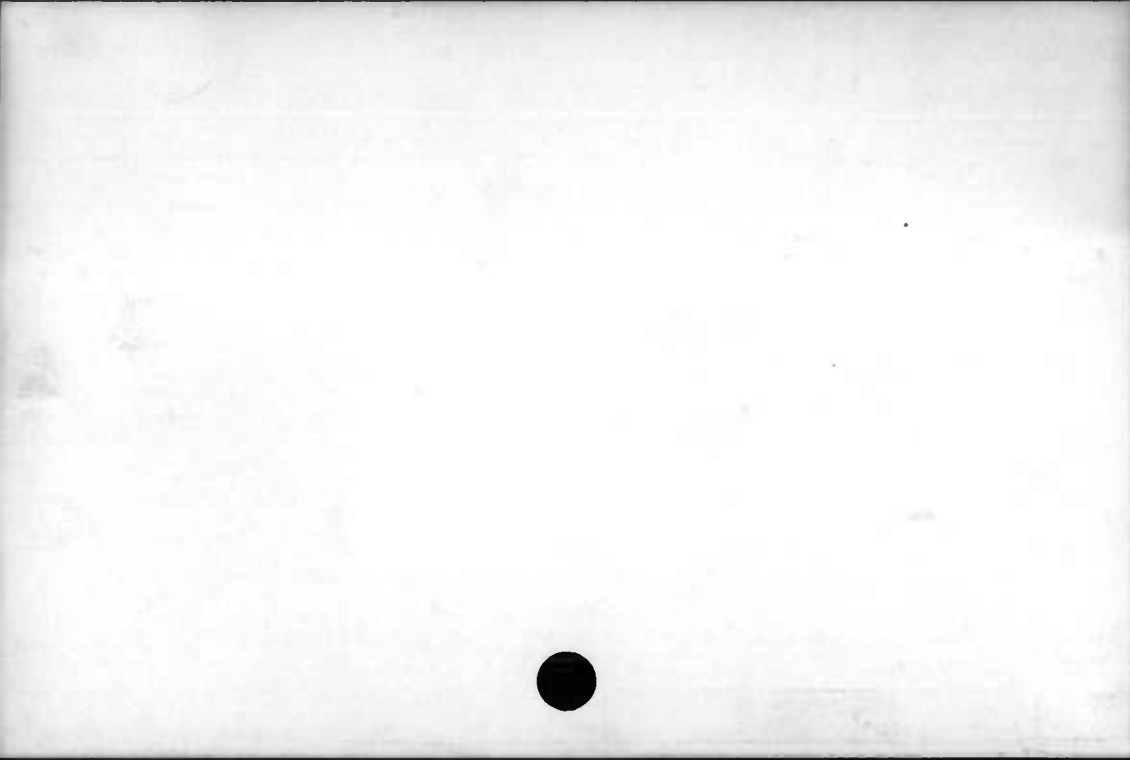
J. A. Stevens
Oxford

Accident or Suicide?

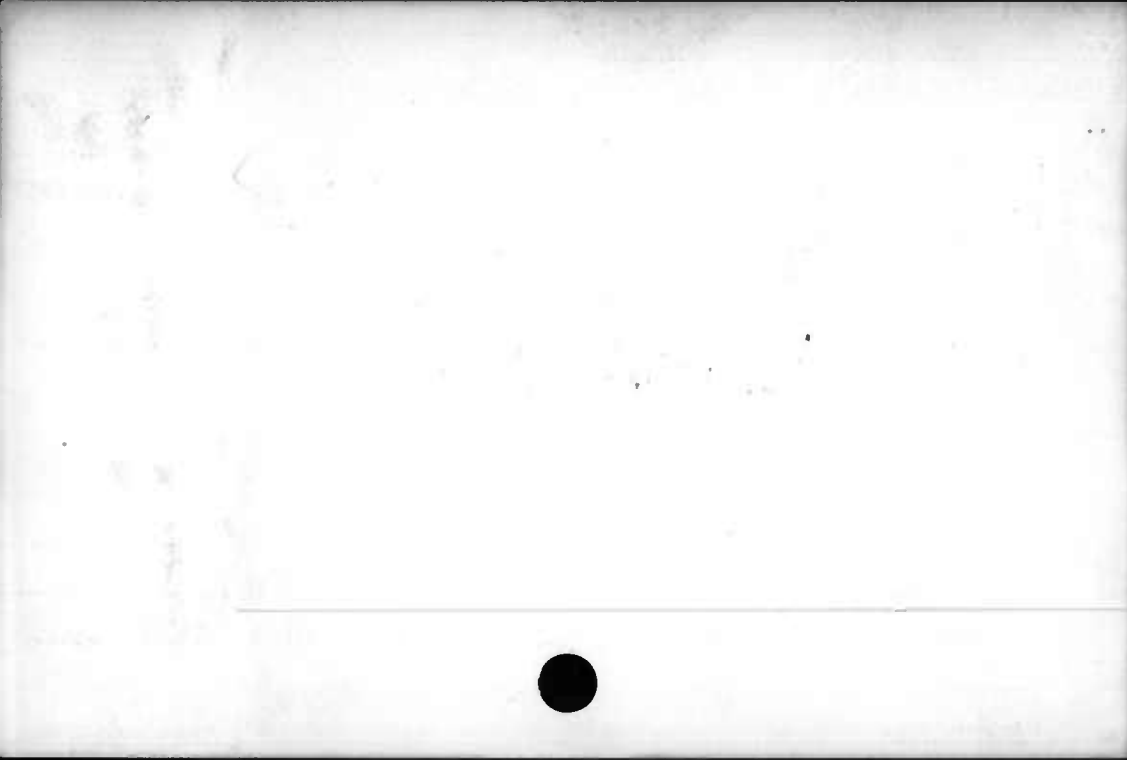
No

Med.

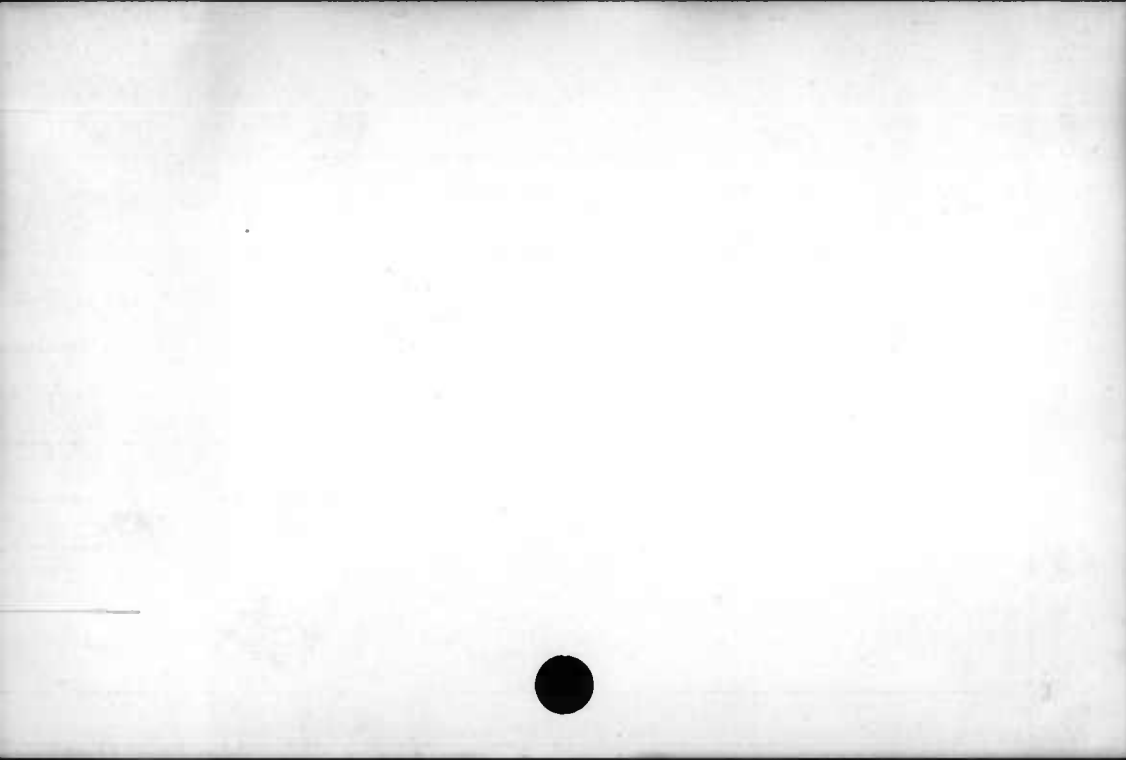
PHYSICIAN
OR CORONER



Name in Full		John T. Godwin				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Mearitts		Talbot		—		
		Date of death		1903	Month	Sept	Day	15th
		Age		73	Years	7	Months	—
		Sex		Male	Color or Race	White	Birthplace	Queen Anne Co.
		Occupation		Farmer		Where Residing if not at place of death		
		Married, Single or Widowed		Widower		Name of Wife or Husband		
		Father's Name		also not known		40		
Mother's Maiden Name		"		"				
Name of person giving Information		Daniel E. Higgins		How related to deceased			Son in law	
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Cancer of Stomach		How long		
		Immediate		—		How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
		Address		Dr. J. B. Seltz Dr. Michaels Md.				
Accident or Suicide?		—						



Name in Full		Rowena Auld Harper				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} St. Michaels		^{County} S. Allent		MARYLAND		
	Date of death 1903	Month 9	Day 21	Age —	Months 3	Days —	
	Sex Female	Color or Race White		Birth-place St. Michaels Md			
	Married, Single or Widowed	Single		Occupation none			
	Name of Wife or Husband —						
	Father's Name C. Harper				Father's Birthplace St. Michaels Md		
Mother's Maiden Name A. Ellis Crouse				Mother's Birthplace Pennsylvania			
Name of person giving information C. Harper				How related to deceased Father			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary			Acute indigestion, Diarrhoea			How long 2 weeks
	Immediate			Collapse & convulsions			How long 3 hours
	Are the name, age, sex, color, date and place correctly given above?			Yes			Signature of Physician A. Blasecock
				Address St. Michaels Md			
Accident or Suicide?							



Name in Full

Certificate of Death

James Elsberg Kirby
 Died at *St. Michaels* Town *Talbot* County MARYLAND

Date 1903 *Sept. 20* Month *Sept.* Day *20* Y. *37* M. *6* D. Native of *Maryland* Occupation *Ship carpenter*
 Male *White* Married *Widow* Divorced *Widow* Number of children living *5*
~~Female~~ ~~Colored~~ ~~Single~~

Husband of *Mrs. Emma Jane Baker*
 Father's Name *Wm. Nick? Kirby* Mother's Maiden Name *Mahalia Bryan*

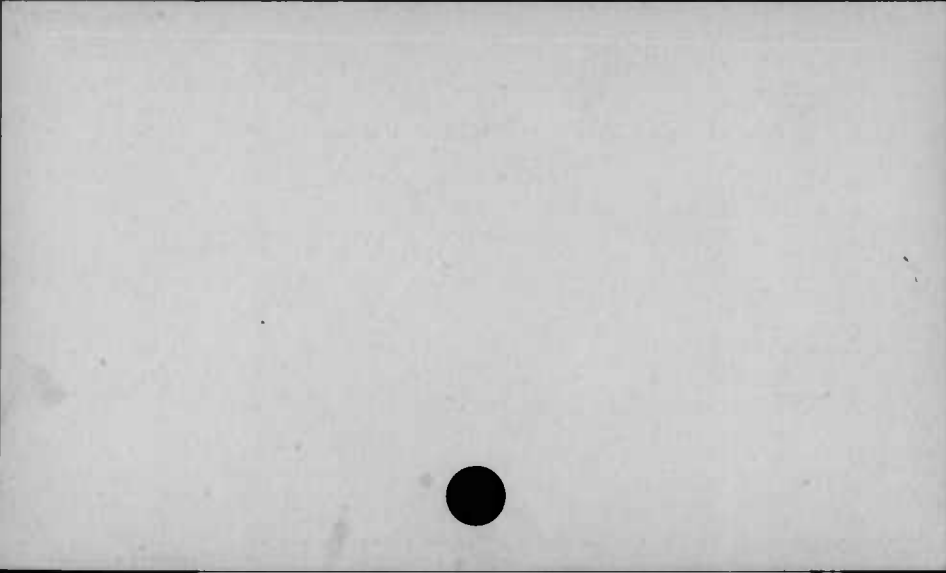
Cause of Death { Primary *Organic, Valvular Heart ^{Arterio-} about 2 yrs.*
 Immediate *Intensified Heart Trouble ^{Artery}* How long sick *about 2 yrs.*
~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by *R. A. Woodson*

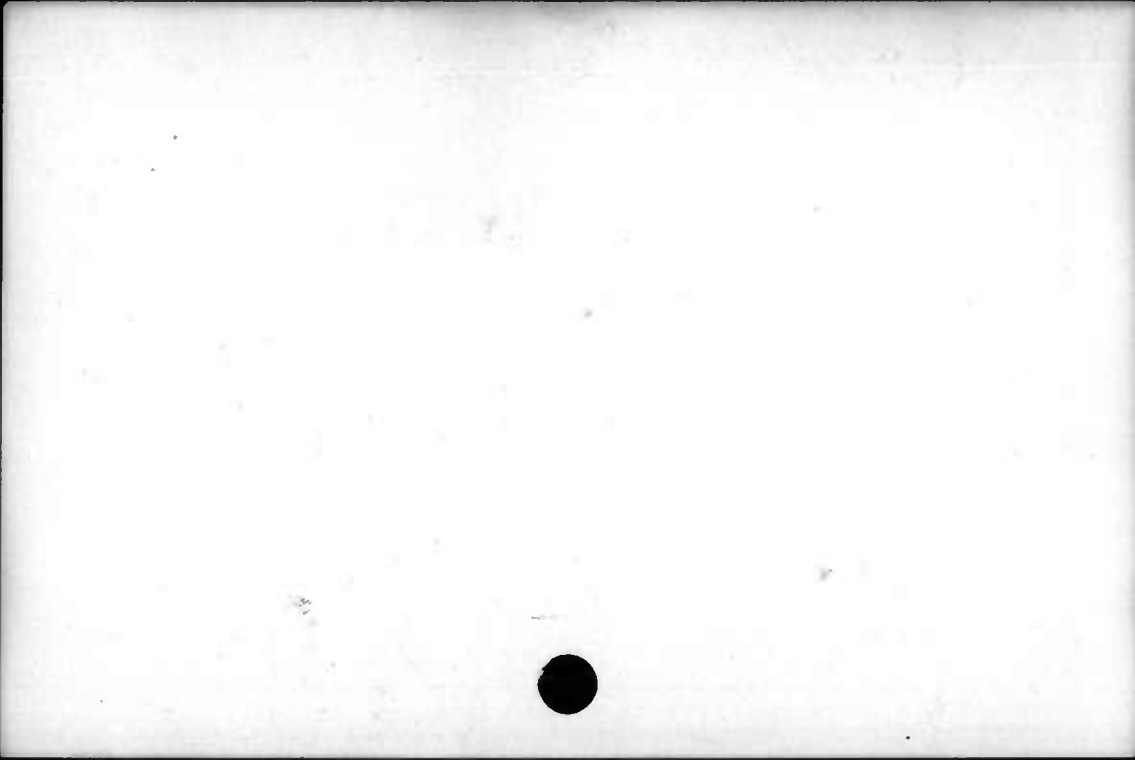
Address *St. Michaels Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full		William A. Lambdin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town St Michaels	County Talbot		MARYLAND	
	Date of death 1903	Month Sept.	Day 21	Years Age 67	Months	Days 24	
	Sex	Male		Color or Race.	White		Birth-place Baltimore
	Married, Single or Widowed	Single		Occupation	Ship builder		
	Name of Wife or Husband						
	Father's Name	Robert Lambdin				Father's Birthplace	Talbot Co. Md
PHYSICIAN OR CORONER	Mother's Maiden Name	Mary A. Good hand				Mother's Birthplace	Baltimore
	Name of person giving information	R. W. Lambdin				How related to deceased	Brother
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Cancer				How long	15 months
	Immediate	Heart failure				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician J. C. H. Davis		
					Address St Michaels		
					med		
Accident or Suicide?							



Name
in
Full

Henry Lloyd

CERTIFICATE OF DEATH

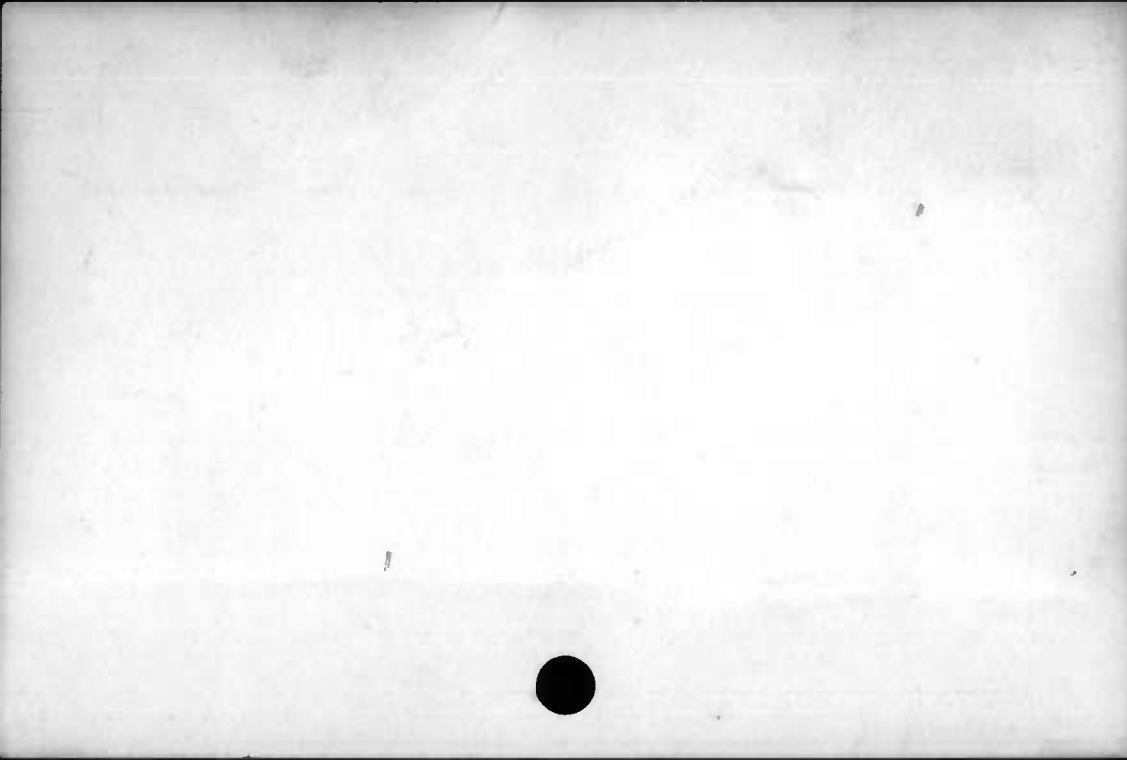
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 1903		September	21	Age 80	—		—
Sex		Color or Race		Birth-place			
Female		Black		Talbot Co			
Married, Single or Widowed		Occupation					
Widowed		Housewife					
Name of Wife or Husband							
John. Lloyd							
Father's Name		64.		Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Intestitis (Chronic)	How long	Several years
Immediate	Hemiplegia	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		C. M. Stille M.D.	
		Address	
		Cordova	
		Md	
Accident or Suicide?			



Name in Full

Certificate of Death

Died at

Date 1908

Male

~~Female~~

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age 42

7 17

Married

~~Widow~~

Divorced

~~Single~~~~Widower~~

Number of children living

6

Husband of

Father's

Name

Mother's

Maiden Name

Primary

Immediate

How long sick

20 mos

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lottie Miller

Died at Easton Town Falbot County MARYLAND

Date 1903 Sept 3 Month Day Y. M. D. Age 44- Native of Ind Occupation
~~Male~~ White ~~Female~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living 4

Husband of Charles Miller Father's Name Edward Emms Mother's Name Matilda Nicols

Cause of Death { Primary Constriction of brain Immediate Exhaustion How long sick one day Accident, Suicide, Homicide

Reported by E. R. Fiske

Address Easton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Levin F. Morris.

Died at <i>New Trappe</i>		Town <i>Taun</i>		County		MARYLAND	
Month <i>9</i> Day <i>26</i>		Y. <i>67</i> M. <i>6</i> D. <i>4</i>		Native of <i>Md.</i>		Occupation <i>Real Est. Agent.</i>	
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living <i>2</i>			

Husband of Elizabeth A. Casner
 Wife
 Father's James Morris Mother's Sallie Disharoon
 Name Maiden Name

Cause of	Primary	Chronic Diarrhea	How long sick	2 years.
Death	Immediate	Exhaustion	Accident, Suicide, Homicide	

Reported by James S. Chaplain, M.D.
Address Trappe, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1



Name In Full

Certificate of Death

Levin Harrison North

Town

County

Died at

Tilyman

Talbot

MARYLAND

Date 19

Month Day
Sep - 26

Age

Y. M. D.
56 10 2

Native of

Md

Occupation

Merchant-

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

10

Husband

of

~~Wife~~

Father's

Name

Margaret A. North

Mother's

Maiden Name

Cause of

Primary

Enterocolitis

Death

Immediate

Asthenia

How long sick

3 yrs

Accident, Suicide, Homicide

Reported by

Dr. S. H. Wilson

Address

Tilyman

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Infant.
Royal

Town

County

Talbot

MARYLAND

Date

of death 190

3

Month

Sept

Day

Wed

Age

Years

5

Months

—

Days

5-

Sex

Girl

Color or
Race

White

Birth-
place

Royal Oak

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Marie Pollard

Father's
Name

John Pollard

Father's
Birthplace

Talbot

Mother's
Maiden Name

Marie Murphy

Mother's
Birthplace

Talbot

Name of person giving
Information

John Pollard

How related
to deceased

father

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

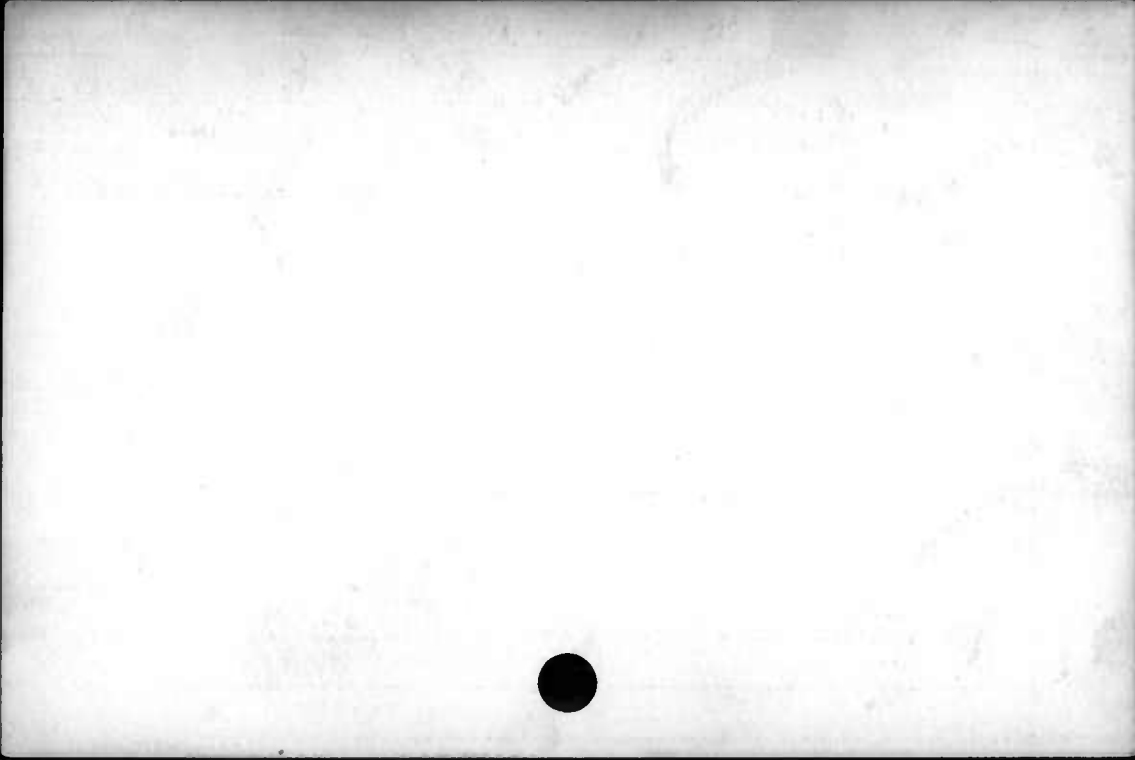
underwritten
Signature of
Physician

Address

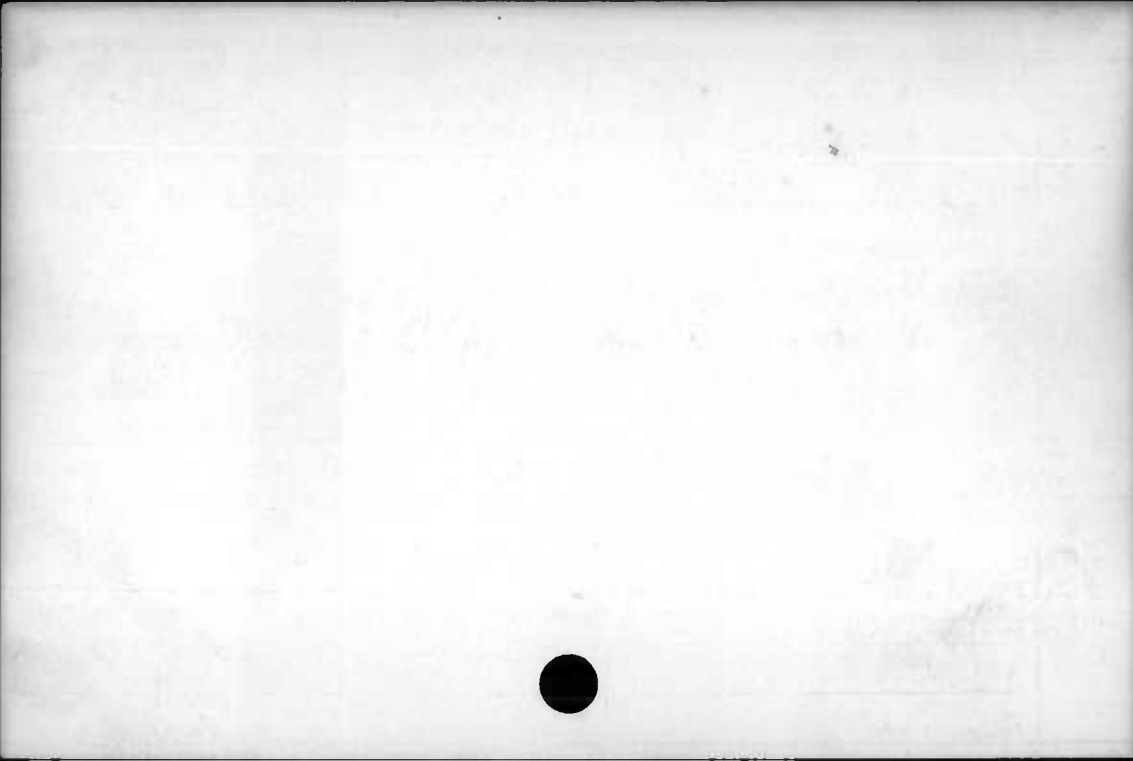
L. W. Kilmer
Royal Oak

Accident or Suicide?

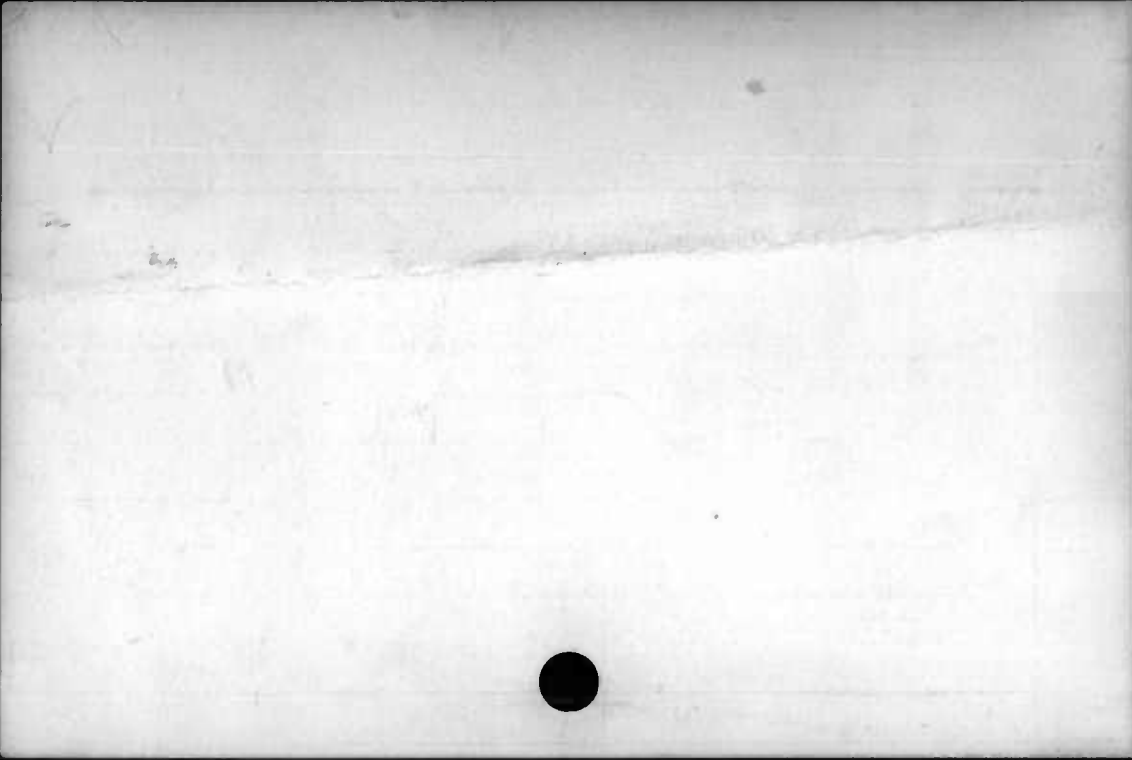
PHYSICIAN
OR CORONER



Name in Full		Minnie Richards.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Matthews Town		Talbot County		MARYLAND	
	Date of death 1903	3	September	6 th	Age 1	Months 4	Days
	Sex	Girl		Color or Race	White		Birth-place
	Married, Single or Widowed		Single		Occupation		
	Name of Wife or Husband						
	Father's Name	Charles. Richards			Father's Birthplace	Baltimore Md	
	Mother's Maiden Name	Lula Suwall			Mother's Birthplace	Matthews	
Name of person giving information	Mrs. Suwall			How related to deceased	Grandfather		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cholera Infantum				How long	3 days -
	Immediate	—				How long	—
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	E. M. Stille M.D.	
	yes -				Address	Cordova - Md -	
Accident or Suicide?							



Name in Full		Insley Roberts				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Oxford		Salbot		MARYLAND	
	Date of death 1903	Month	Day	Age	Years	Months	Days
		Sept.	7	two		ten	
	Sex	male		Color or Race	white		
	Married, Single or Widowed	single		Occupation	none		
	Name of Wife or Husband						
	Father's Name	Lee J. Roberts			16		
Mother's Maiden Name	Lola Insley			Northumberland Co. Md.			
Name of person giving information				How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Chills malarial				How long	
	Immediate	meningitis				How long	
	Are the name, age, sex, color, date and place correctly given above?	yes				Six days	
	Signature of Physician	J. A. Stevens					
	Address	Oxford				Md.	
Accident or Suicide?	no						



Elizabeth Stauton

Town

County

MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Sept. 8

Age 45

md

H. wife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

1

Husband of

Wife

Robt. Stauton

Father's

Name

Mother's

Maiden Name

Arthur Giles

Mary Bantam

Cause of

Primary

Chronic Bright's

How long sick

2 1/2 yrs.

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

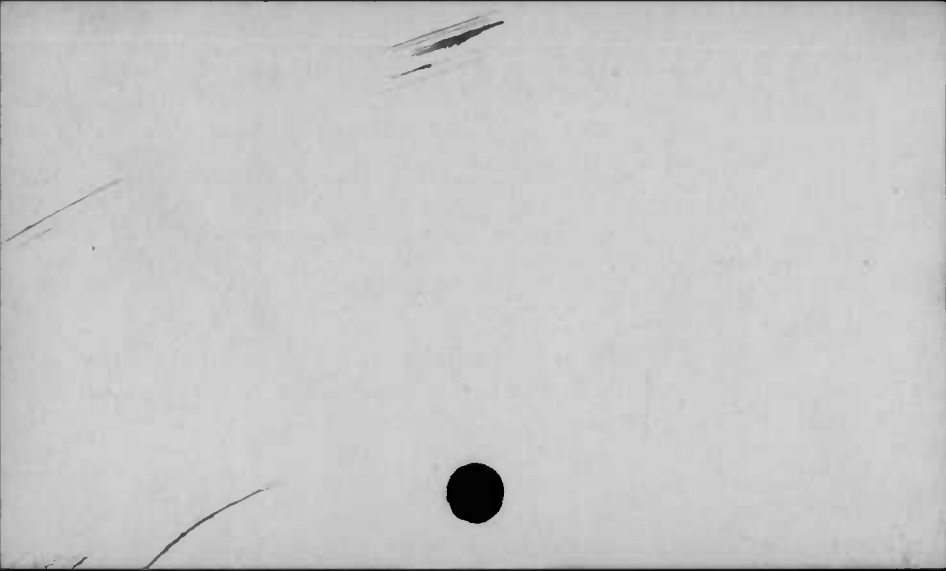
Reported by

Wm S. Seymour

Address

Troppe md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Susan Ann Thompson

Town

County

MARYLAND

Died at Easton

Talbot

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903, Sept. 18

Age 81, 1, 19

Drockschompe

~~Male~~

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living none

Husband

of Walter Harrison Thompson

Wife

Father's

Mother's

Name

David Mills Maiden Name Sarah Moor

Cause of

Primary

General Debility

How long sick

2 mos.

Death

Immediate

Paralysis Heart.

Accident, Suicide, Homicide

Reported by

J. L. Garrison M.D.

Address

Easton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76808



Name in Full

Certificate of Death

Mary Ann Fighman

Town

County

Talbot -

MARYLAND

Died at

Date 1903 Month Day Y. M. D. Native of Occupation
 03 Sept - 2 60 - - Md Housewife
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

8 mo

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808



Name
in
Full

Margaret

Wrayman

CERTIFICATE OF DEATH

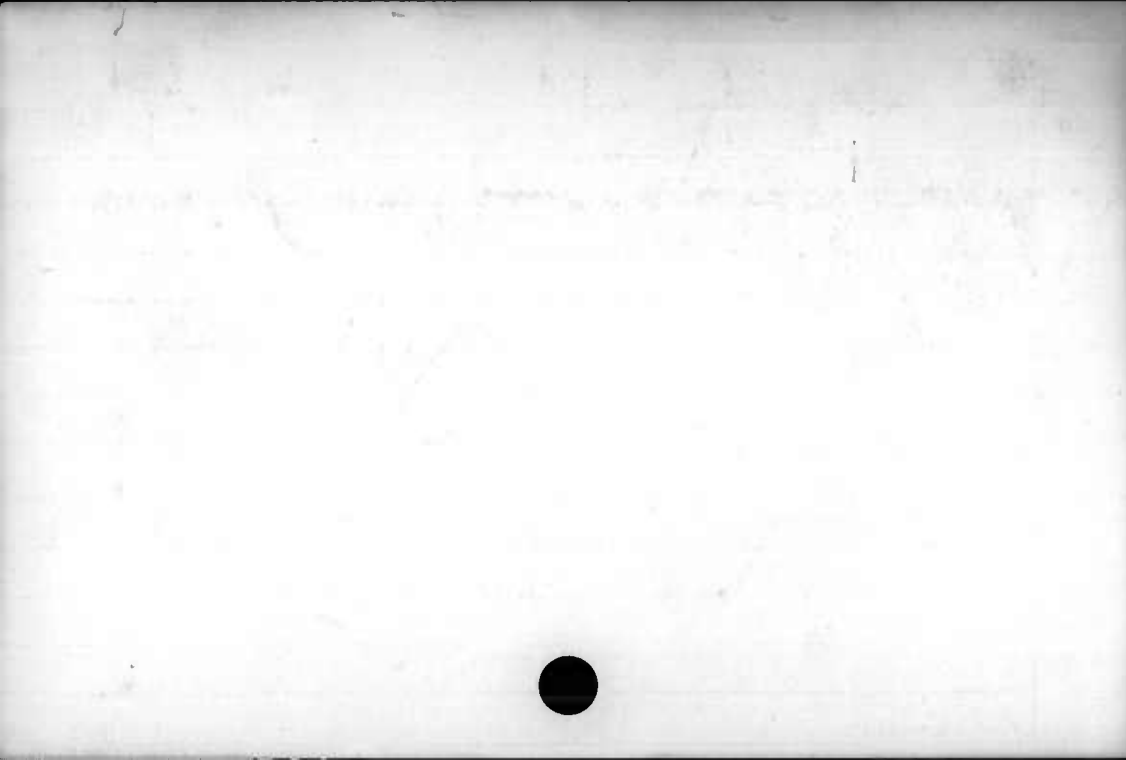
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McDaniel</i>		Town <i>Salbot</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>9</i>	Day <i>20</i>	Age <i>35</i>	Years	Months	Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>McDaniel Md</i>			
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Housework</i>					
Name of Wife or Husband <i>Thos Wrayman</i>							
Father's Name <i>Chas McDaniel</i>		Father's Birthplace <i>McDaniel Md</i>					
Mother's Maiden Name <i>Sydia Wrightson</i>		Mother's Birthplace <i>McDaniel Md</i>					
Name of person giving information <i>Jno. C. McDaniel</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Gastric Catarrh</i>	How long <i>2 or 3 weeks</i>
Immediate <i>Asthenia</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. Blusecock</i>
	Address <i>St. Michael Md</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Howard Whelan

Town

County

Tabor -

MARYLAND

Died at

Date 1903

Month

Day

9, 20

Y.

M.

D.

Age

4 -

Native of

Ma

Occupation

-

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Typhoid Fever

How long sick

6 weeks

Death

Immediate

Perforated for per for...
in proper position~~Accident, Suicide, Homicide~~

Reported by

Julius A. Johnson

Address

Tabor - Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name
in
Full

Elizabeth Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

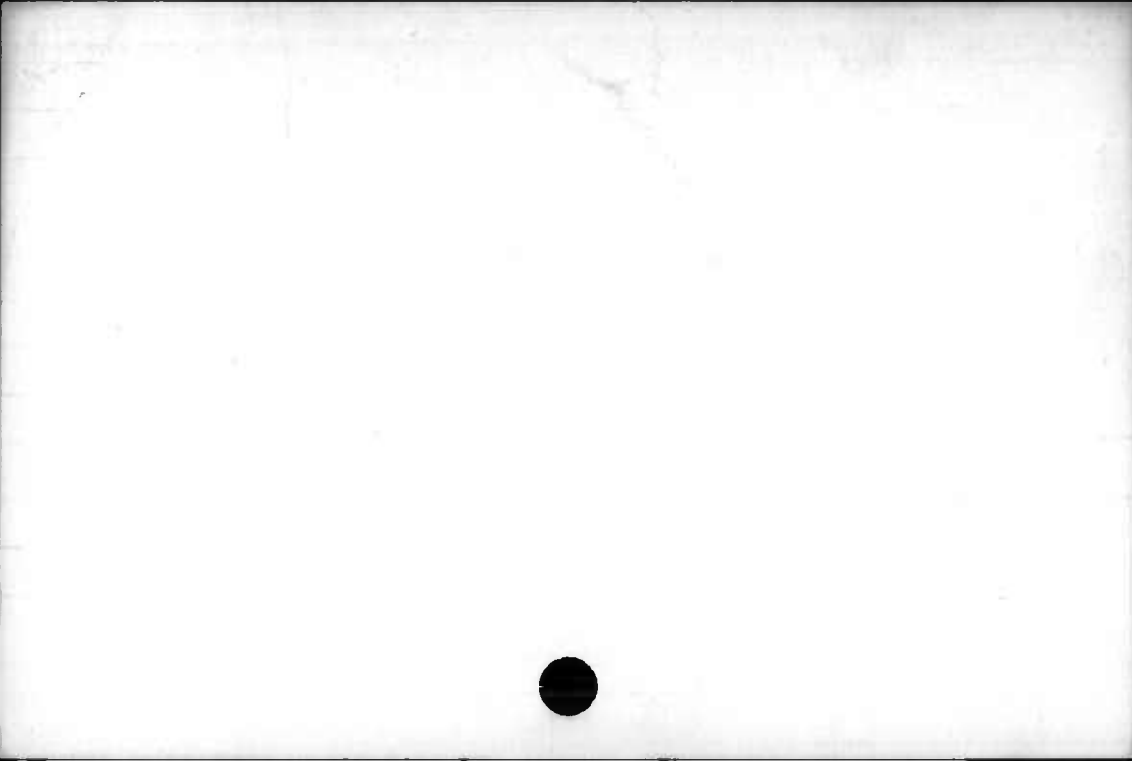
MARYLAND

Died at <u>Century</u> Town		<u>Talent</u> County			
Date of death <u>1903</u>	Month <u>Sept</u>	Day <u>14</u>	Age <u>63</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>MD</u>		
Occupation <u>House</u>			Where Residing if not at place of death <u>at home</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Saml Williams of Frederick</u>			
Father's Name <u>Saml Williams</u>		Father's Birthplace <u>—</u>			
Mother's Maiden Name <u>Leah Bailey</u>		Mother's Birthplace <u>—</u>			
Name of person giving Information <u>Jacobus Lankford</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Stroke</u>	How long <u>3 weeks</u>
Immediate <u>Paralysis</u>	How long <u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Jas. H. H. H.</u>
	Address <u>Centon</u>
Accident or Suicide?	



Name
in
Full

Nellie Wilson

CERTIFICATE OF DEATH

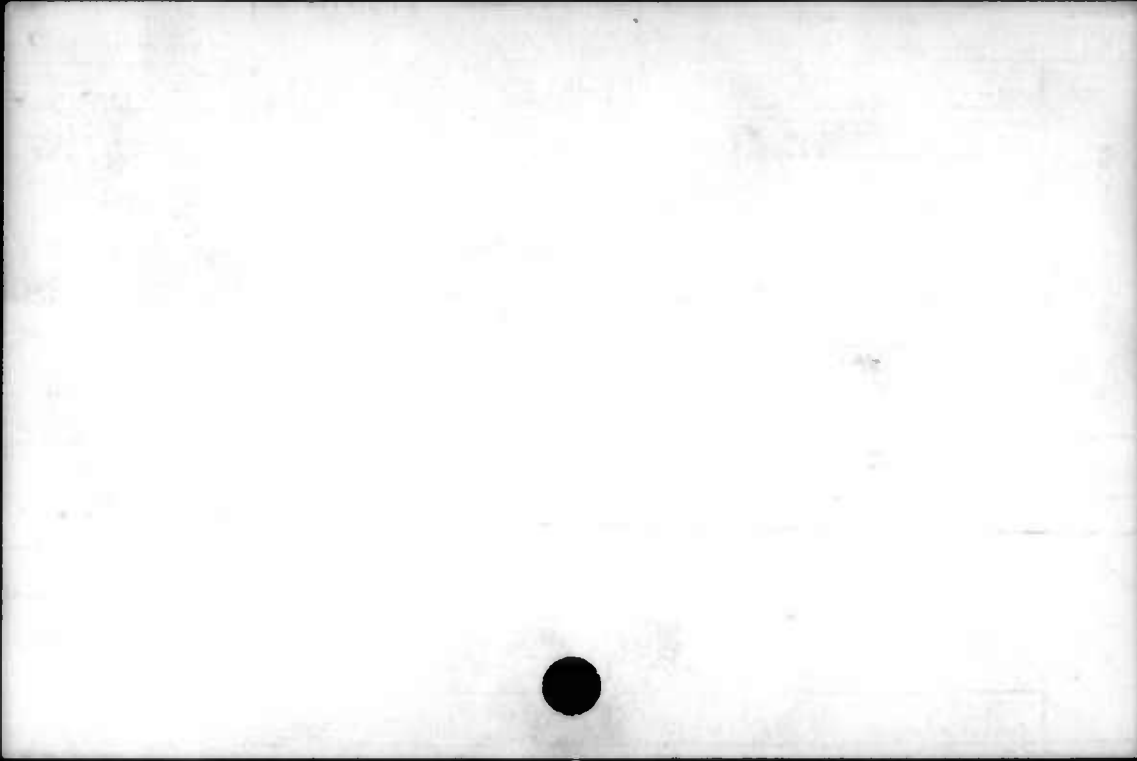
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Trystown</u> Town		<u>Talent</u> County		MARYLAND	
Date of death <u>1903</u>	<u>8</u> Month	<u>16</u> Day	Age <u>—</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Talent Co., Md</u>		
Occupation <u>Ches</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Walter Wilson</u>		Father's Birthplace <u>Talent Co. Md</u>			
Mother's Maiden Name <u>Mary Wilson</u>		Mother's Birthplace <u>Md</u>			
Name of person giving Information <u>Walter Wilson</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Enter - Calitis</u>	How long <u>3 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>[Signature]</u>
	Address <u>Crofton Md</u>
Accident or Suicide?	



Name In Full

Certificate of Death

Ethel Aerie Young

Town
Easton

County

Zach-

MARYLAND

Died at

Month Day

Y.

M.

D.

Native of

Occupation

Date 1903

9. 4h-

Age

51

Md

-

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's
Name

Chas. J. Young

Mother's
Maiden Name

Vivian Oagen

Cause of

Primary

Acute Gastric Catarrh

How long sick

2 weeks

Death

Immediate

E. pneumonia

~~Accident, Suicide, Homicide~~

Reported by

Julius A. Johnson

Address

Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

